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CONFIRMATION NO. 8851

Bib Data Sheet

SERIAL NUMBER 10/733,808	FILING OR 371(c) DATE 12/10/2003 RULE	CLASS 709	GROUP ART UNIT 2154	ATTORNEY DOCKET NO. PA4407US
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APPLICANTS

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** CONTINUING DATA ***** None 33

** FOREIGN APPLICATIONS ***** None 33

IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **

** 03/18/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	WA	8	25	4
Verified and Acknowledged	<i>John J.</i> Examiner's Signature <i>33</i> Initials				

ADDRESS

22830

TITLE

Network appliance

FILING FEE RECEIVED 538	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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